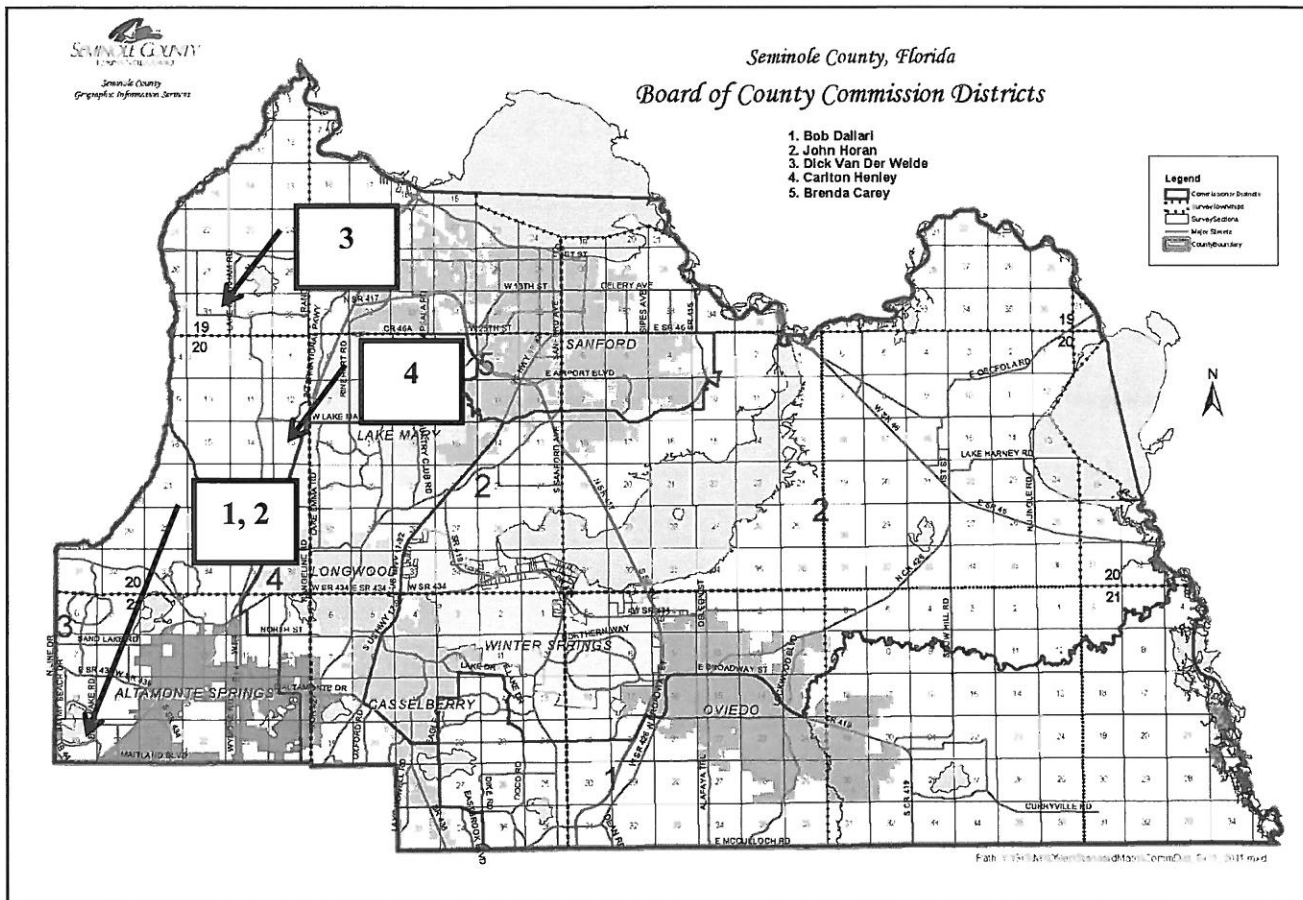


SEMINOLE COUNTY GOVERNMENT

1101 EAST FIRST STREET
SANFORD, FLORIDA 32771
(407) 665-7331

www.seminolecountyfl.gov

To: Applicants, Staff and Interested Parties
From: Economic and Community Development Services, Planning & Development Division
Subject: **DEVELOPMENT REVIEW COMMITTEE MEETING FOR WEDNESDAY 11/21/2012**



County staff and applicants will review the following items on the above date at the time scheduled below. The meeting will be held in **Room #3024** on the third floor of the County Services Building.

ITEM NO: 1	PZ - PUD/PCD	PROJ NO 12-20500023	TIME 9:00AM
PROJECT NAME	BEAR LAKE ROAD FINAL MASTER PLAN	PROJECT MANAGER	BRIAN WALKER (407) 665-7337
APPLICANT	M/I HOMES OF ORLANDO, LLC	BRIAN DALRYMPLE, V.P. LAND	(407) 531-5133
CONSULTANT	MADDEN, MOORHEAD & GLUNT	CHAD MOORHEAD	(407) 629-8330
PROJECT DESC	FINAL MASTER PLAN APPROVAL		
LOCATION	SOUTH OF JESSICA AND WEST OF BEAR LAKE RD		
PARCEL ID	19-21-29-300-0100-0000, 19-21-29-300-010F-0000, 19-21-29-300-010C-0000		
BCC DISTRICT	3-VAN DER WEIDE		

ITEM NO: 2	DR - SUBDIVISIONS	PROJ NO 12-05500015	TIME 9:20AM
PROJECT NAME	BEAR LAKE ROAD - PSP	PROJECT MANAGER	BRIAN WALKER (407) 665-7337
APPLICANT	M/I HOMES OF ORLANDO, LLC	BRIAN DALRYMPLE	(407) 531-5133
CONSULTANT	MADDEN, MOORHEAD AND GLUNT	CHAD MOORHEAD	(407) 629-8330
PROJECT DESC	PRELIMINARY SUBDIVISION PLAN APPROVAL FOR 35 LOTS LOCATED ON 10.71 ACRES ZONED PUD		
LOCATION	SOUTH OF JESSICA AND WEST OF BEAR LAKE RD		
PARCEL ID	19-21-29-300-0100-0000, 19-21-29-300-010C-0000, 19-21-29-300-010F-0000		
BCC DISTRICT	3-VAN DER WEIDE		

ITEM NO: 3	PZ - PUD/PCD	PROJ NO 12-20500021	TIME 9:40AM
PROJECT NAME	LAKE MARKHAM PROPERTY REZONE	PROJECT MANAGER	BRIAN WALKER (407) 665-7337
APPLICANT	TOLL BROS. INC	ANDRE VIDRINE, DIV VP	(904) 217-3854
CONSULTANT	MADDEN MOORHEAD & GLUNT	CHAD MOORHEAD	(407) 629-8330
PROJECT DESC	REZONE FROM A-1 TO PUD FOR 46 SINGLE FAMILY RESIDENTIAL LOTS ON 61.40 ACRES		
LOCATION	NORTH SIDE OF MARKHAM RD EAST OF LONGWOOD MARKHAM		
PARCEL ID	34-19-29-300-0020-0000, 34-19-29-300-003C-0000		
BCC DISTRICT	5-CAREY		

ITEM NO: 4	PZ - PUD/PCD	PROJ NO 12-20500022	TIME 10:00AM
PROJECT NAME	L & L ACRES PUD MAJOR AMENDMENT	PROJECT MANAGER	JOY WILLIAMS (407) 665-7399
APPLICANT	TAYLOR MORRISON OF FLORIDA	M. LIQUORI	(407) 629-0077
CONSULTANT	MADDEN, MOORHEAD & GLUNT	CHAD MOORHEAD	(407) 629-8330
PROJECT DESC	PUD MAJOR AMENDMENT FOR A MAXIMUM OF 143 SFR UNITS		
LOCATION	SOUTH SIDE OF LAKE MARY BLVD BETWEEN MARKHAM WOODS RD AND I-4		
PARCEL ID	13-20-29-300-0020-0000, 13-20-29-300-002A-0000, 11-20-29-300-007A-0000		
BCC DISTRICT	5-CAREY		

Notice to Applicant: A copy of the staff comments and recommendations will be faxed to the applicant and the consultant **by 12:00 noon on the Tuesday before the scheduled meeting.** If you have any questions, please contact the Planning and Development Division at (407) 665-7331. **If you intend to have an attorney present, please notify your project manager before meeting date.**

After review of the comments, the applicant may not need to meet with the staff in a group. If so, please contact the Planning and Development Division so the agenda may be adjusted accordingly.

Thank you.

RECEIVED OCT 24 2012

SEMINOLE COUNTY GROWTH MANAGEMENT DEPARTMENT



PLANNING & DEVELOPMENT DIVISION
1101 EAST FIRST STREET ROOM 2028
SANFORD, FL 32771
(407) 665-7441 PHONE
(407) 665-7385 FAX

APPL # Z2012-034
PROJ # 12-20500023
FLUA # _____

**APPLICATION TO THE SEMINOLE COUNTY
PLANNING & ZONING COMMISSION / LOCAL PLANNING AGENCY AND BOARD OF COMMISSIONERS**

Applications to the Seminole County Planning & Zoning Commission / Local Planning Agency and Board of County Commissioners shall include **all applicable items listed in the Application Submittal Checklist**. No application will be scheduled for Development Review Committee (DRC) consideration until a complete application (including all information requested below) has been received by the Growth Management Department, Planning & Development Division.

APPLICATION SUBMITTAL CHECKLIST:

****THIS BOX FOR STAFF USE ONLY****

- ☐ COPY OF PRE-APPLICATION REVIEW INFORMATION, IF APPLICABLE
- ☐ PROPERTY OWNER PRINTOUT FROM PROPERTY APPRAISER'S WEBSITE
- ☐ PROPERTY OWNER'S AUTHORIZATION FORM (ADDITIONAL DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)
- ☐ OWNERSHIP DISCLOSURE FORM
- ☐ SCHOOL IMPACT ANALYSIS (CONTACT SCHOOL BOARD FOR APPLICATION)
- ☐ CONCURRENCY APPLICATION/DEFERRAL AFFIDAVIT AND FEE IF REQUIRED \$ _____
- ☐ BOUNDARY SURVEY (2 COPIES)
- ☐ ELECTRONIC LEGAL DESCRIPTION IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)
- ☐ PUD/PCD FINAL MASTER/SITE PLAN REQUIRES A DRAFT DCA IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)
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- ☐ APPLICATION FEE \$ _____

SIGNATURE OF STAFF PROJECT MANAGER CERTIFYING THAT THE APPLICATION IS SUFFICIENT

APPLICATION TYPE - PLEASE CHECK ALL THAT APPLY

- ☐ LARGE SCALE FUTURE LAND USE AMENDMENT (LSFLUA) FROM: _____ TO: _____
- ☐ SMALL SCALE FUTURE LAND USE AMENDMENT (SSFLUA) FROM: _____ TO: _____
- ☐ PLANNED DEVELOPMENT AMENDMENT TO EXISTING PD (LS/SSFLUA) FROM: _____ TO: _____

[NOTE: ATTACHMENT "A" AND ALL SUPPORT MATERIALS MUST BE SUBMITTED FOR LAND USE AMENDMENTS ABOVE]

- ☐ REZONING (WITHOUT SITE PLAN) FROM: _____ TO: _____
- ☐ REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, or R-4 FROM: _____ TO: _____
- ☐ PUD/PCD MAJOR AMENDMENT
- ☐ PUD/PCD MINOR AMENDMENT
- ☒ PUD FINAL MASTER PLAN
- ☐ DEVELOPMENT OF REGIONAL IMPACT NOPC
- ☐ MYRTLE STREET CONSERVATION VILLAGE

PROPERTY OWNER / AUTHORIZED AGENT INFORMATION		
	PROPERTY OWNER	AUTHORIZED AGENT *
NAME	Judy W. + Clarence J. Bowles	MI Homes of Orlando, LLC P. Brian Dalrymple, V.P. Land
IF THE OWNER IS A CORPORATION OR TRUST, GIVE THE NAME AND TITLE OF THE PERSON WHO CAN LEGALLY SIGN ON BEHALF OF THE CORPORATION AND PROVIDE DOCUMENTATION THAT THEY HAVE LEGAL AUTHORITY :		
ADDRESS	9200 Bear Lake Rd. Apopka, FL 32703	400 International PKwy. Ste. 470 Lake Mary, FL 32746
PHONE 1	321-945-8845	407-531-5133
PHONE 2		
FAX		407-531-5244
E-MAIL		bdalrymple@mihomes.com
If you have a consultant that is not listed on the application and you would like us to contact them directly and give them the DRC comments, provide their contact information on a separate sheet, otherwise any questions and/or comments will be directed to the property owner or authorized agent listed above.		

* Proof of property owner's authorization is required with submittal if signed by authorized agent.

NAME AND PHONE NUMBER OF PERSON WHO WILL POST PLACARD Chad Moorhead
407-629-8330

PROJECT INFORMATION	
PROJECT NAME	Bear Lake Road Property
SITE ADDRESS	Bear Lake Road
BCC DISTRICT	3 Van Der Weide J
EXISTING USE(S)	Vacant A-1 / LDR
PROPOSED USE(S)	Single family residential
PROPERTY ID NUMBER(S)	19-21-29-300-0100-0000 19-21-29-300-010F-0000 19-21-29-300-010C-0000
SIZE OF PROPERTY	10.71 acres
GENERAL LOCATION	Bear Lake Road
SOURCE OF WATER	Seminole County
SOURCE OF SEWER	Seminole County
RECLAIM PROVIDER	

Power - Progress
Phone - A T + T

CONCURRENCY REVIEW MANAGEMENT SYSTEM (PLEASE CHECK ONE)

<input checked="checked" type="checkbox"/>	I elect to defer the Concurrency Review that is required by Chapter 163, Florida Statutes, per Seminole County's Comprehensive Plan for the above listed property until a point as late as Site Plan and/or Final Engineering submittals for this proposed development plan. I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future. PCD Final Site Plan/PCD Final Site Plan Amendment may not defer.	
<input type="checkbox"/>	I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued Certificate of Vesting or a prior Concurrency determination (Test Notice issued within the past (two years) as identified below: (Please attach a copy of the Certificate of Vesting or Test Notice.)	
TYPE OF CERTIFICATE: VESTING: TEST NOTICE:		CERTIFICATE NUMBER: CV- _____ _____ DATE ISSUED: _____ _____
<input type="checkbox"/>	Concurrency Application and appropriate fee are attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the development order and the full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management monitoring system.	

By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of this application and / or revocation of any approval based upon this application.

I hereby authorize County staff to enter upon the subject property at any reasonable time for the purposes of investigating and reviewing this request. I also hereby agree to place a public notice sign (placard) on the subject property at a location(s) to be determined by County staff.

I further acknowledge that Seminole County may not defend any challenge to my proposed future land use amendment / rezoning and related development approvals, and that it may be my sole obligation to defend any and all actions and approvals, which authorize the use or development of the subject property. Submission of this form initiates a process and does not imply approval by Seminole County or any of its boards, commissions or staff.

I further acknowledge that I have read the information contained in this application form pertaining to proposed amendments to the official zoning map, official Future Land Use map, and / or comprehensive plan and have had sufficient opportunity to inquire with regard to matters set forth therein and, accordingly, fully understand all applicable procedures and matters relating to this application.

I hereby represent that I have the lawful right and authority to file this application.

SIGNATURE OF AUTHORIZED APPLICANT*

DATE

* Proof of property owner's authorization is required with submittal if signed by someone other than the property owner.

P. Brian Dalrymple, V.P. Land

PRINT OR TYPE NAME

SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM
(ORIGINAL ONLY)

An authorized applicant is defined as:

- The property owner of record: or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I Judy W. + Clarence J. Bowles, the fee simple owner of the following
(Owner's Name)

described property (Provide Legal Description or Tax Parcel ID Number(s)) 19-21-29-300-0100-0000,
19-21-29-300-010C-0000, 19-21-29-300-010F-0000

hereby affirm that MI Homes of Orlando LLC is hereby designated to act as my / our
authorized agent for the filing of the attached application for:

CIRCLE ONE: Development Plan; Special Exception; Variance; Vacate; Special Event Permit; Temporary Use Permit;
Arbor Permit. Final Master Plan

and make binding statements and commitments regarding the request.

Judy W. Bowles

Clarence J. Bowles

Judy W. Bowles
Owner's Signature

X Clarence J. Bowles

I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments and fees become part of the Official Records of Seminole County, Florida and are not returnable.

SWORN TO AND SUBSCRIBED before me this 30 day of September, 2012.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Judy Bowles Clarence J. Bowles who is personally known to me or who has produced FL ID as identification and who executed the foregoing instrument and sworn an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 30 day of September, 2012.

Notary Public in and for the County and State
Aforementioned

My Commission Expires: Nov 13 2014

NOTARY PUBLIC-STATE OF FLORIDA
H. Donaldson
Commission # EE039054
Expires: NOV. 13, 2014
BONDED THRU ATLANTIC BONDING CO., INC.

APPLICATION FEE SCHEDULE

Rezoning Application Fees	
REZONING FEES (Excluding PUD / PCD)	
Single-Family / Duplex / Agriculture	\$1,500.00 + \$50.00 / Acre up to \$3,000.00
All Other Classifications (Excluding PD's)	\$2,000.00 + \$70.00 / Acre up to \$3,800.00
REZONING FEES (PUD / PCD)	
Residential Rezoning & Preliminary Master Plan / Site Plan/Myrtle Street Conservation Village	\$2,000 + \$10.00 / DU up to \$5,300.00
Nonresidential Rezoning & Preliminary Master Plan / Site Plan	\$2,000 + \$25.00 / Acre up to \$5,300.00
Final Master Plan Review	\$2,300.00
Final Master Plan Filing Extension	\$135.00
Major Revisions to PUD / PCD Master Plan	\$2,000.00
Minor Revisions to PUD / PCD Master Plan	\$600.00
Concurrent Rezoning & FLU Amendment or DRI	50% of the Regular Rezoning Fee
MISCELLANEOUS FEES	
Non-Substantial Change of Site Plan / Use in RP District	\$450.00
Substantial Change of Site Plan / Use in RP District	Same as Rezoning Fee
Myrtle Street Conservation Village	Same as PUD Rezoning Fee
Future Land Use Amendment Fees	
Residential Large Scale Amendment (> 10 Acres)	\$200.00 / Acre up to \$3,500.00
Residential Small Scale Amendment (< 10 Acres)	\$2,000.00
Non-Residential Large Scale Amendment (> 10 Acres)	\$350.00 / Acre up to \$7,500.00
Non-Residential Small Scale Amendment (< 3 Acres)	\$2,000.00
Non-Residential Small Scale Amendment (3 – 10 Acres)	\$3,500.00
DRI Fees	
DRI with Plan Amendment	\$10,000.00
DRI without Plan Amendment	\$7,000.00
Application for Determination of Substantial Deviation to DRI	\$2,800.00

SEMINOLE COUNTY
APPLICATION & AFFIDAVIT

Ownership Disclosure Form

The owner of the real property associated with this application is a (check one)

- ☒ Individual ☐ Corporation ☐ Land Trust
☐ Limited Liability Company ☐ Partnership
☐ Other (describe): _____

1. List all **natural persons** who have an ownership interest in the property, which is the subject matter of this petition, by name and address.

NAME	ADDRESS	PHONE NUMBER
Judy W. + Clarence J. Bowles	9200 Bear Lake Rd., Apopka, FL 32703	321-945-8845

(Use additional sheets for more space.)

2. For each **corporation**, list the name, address, and title of each officer; the name and address of each director of the corporation; and the name and address of each shareholder who owns two percent (2%) or more of the stock of the corporation. Shareholders need not be disclosed if a corporation's stock are traded publicly on any national stock exchange.

NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

3. In the case of a **trust**, list the name and address of each trustee and the name and address of the beneficiaries of the trust and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above.

Trust Name: _____

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

4. For **partnerships**, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

5. For each **limited liability company**, list the name, address, and title of each manager or managing member; and the name and address of each additional member with two percent (2%) or more membership interest. If any member with two percent (2%) or more membership interest, manager, or managing member is a corporation, trust or partnership, please provide the information required in paragraphs 2, 3 and/or 4 above.

Name of LLC: _____

NAME	TITLE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

6. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, partnership, or LLC, provide the information required for those entities in paragraphs 2, 3, 4 and/or 5 above.

Name of Purchaser: _____

NAME	ADDRESS	% OF INTEREST

Date of Contract: _____

Please specify any contingency clause related to the outcome of the consideration of the application.

6. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
7. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject rezoning, future land use amendment, special exception, or variance involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosures herein.

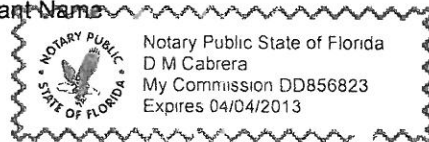
10-2-12

Date

STATE OF FLORIDA
COUNTY OF SEMINOLE

X P. Brian Dalrymple
Owner, Agent, Applicant Signature
P. Brian Dalrymple, V.P. Land
MI Homes of Orlando, LLC

Sworn to (or affirmed) and subscribed before me by P. BRIAN DALRYMPLE, on this 2ND day
of OCTOBER, 2012.
Owner, Agent, Applicant Name



[Signature]

Signature of Notary Public

Print, Type or Stamp Name of Notary Public

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____



Rec'd 10/24/12
S

SEMINOLE COUNTY GROWTH MANAGEMENT
PLANNING & DEVELOPMENT DIVISION
1101 EAST FIRST STREET ROOM 2028
SANFORD, FL 32771
(407) 665-7441 PHONE (407) 665-7385 FAX
www.seminolecountyfl.gov/gm

APPLICANT INFORMATION

12-05500015

APPLICANT: MI Homes of Orlando, LLC	CONTACT: P. Brian Dalrymple
ADDRESS: 400 International Pkwy., Ste. 470	
CITY: Lake Mary	STATE: FL ZIP: 32746
PHONE: 407-531-5133	FAX: 407-531-5244 EMAIL: bdalrymple@mihomes.com

CONSULTANT INFORMATION

ENGINEER/SURVEYOR: Madden, Moorhead + Glunt, Inc.	CONTACT: Chad Moorhead
ADDRESS: 431 E. Horatio Ave., Ste. 260	
CITY: Maitland	STATE: FL ZIP: 32751
PHONE: 407-629-8330	FAX: 407-629-8336 EMAIL: chad@madden-eng.com

OWNER INFORMATION

IS OWNER'S AUTHORIZATION ATTACHED? YES ☐ NO ☐

OWNER: Judy W. + Clarence J. Bowles	CONTACT:
ADDRESS: 9200 Bear Lake Rd.	
CITY: Apopka	STATE: FL ZIP: 32703
PHONE: 321-945-8845	FAX: EMAIL:

SUBDIVISION INFORMATION

PARCEL ID #: 19-21-29-300-0100-0000, 19-21-29-300-010C-0000, 19-21-29-300-010F-0000	
PROJECT NAME: Bear Lake Road Property	
DESCRIPTION OF PROJECT: Single family residential	
LOCATION: Bear Lake Road	
NUMBER OF LOTS: 35	TOTAL ACREAGE: 10.71
ZONING: PUD	FUTURE LAND USE: 9.57 ac = PD + 1.14 ac = LDR

UTILITIES

WATER PROVIDER: Seminole County	SEWER PROVIDER: Seminole County
IS PROPERTY SERVED BY WELL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS PROPERTY SERVED BY SEPTIC? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	FEE ATTACHED: YES <input type="checkbox"/> NO <input type="checkbox"/>

ARBOR

ARE ANY TREES BEING REMOVED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARBOR PERMIT APPLICATION ATTACHED: YES <input type="checkbox"/> NO <input type="checkbox"/>	FEE ATTACHED: YES <input type="checkbox"/> NO <input type="checkbox"/>

FEES

- ☐ **DEVELOPMENT PLAN** --- \$250.00 + \$5.00 PER LOT
- ☒ **PRELIMINARY PLAN** --- \$1,000.00 + \$15.00 PER LOT (\$2,270.00 MAXIMUM FEE) ^(35 lots) \$1,525
- ☐ **FINAL ENGINEERING PLAN** --- \$3,500.00 + \$25.00 PER LOT (\$5,300.00 MAXIMUM FEE)
- ☐ **FINAL PLAT ASSOCIATED WITH FINAL ENGINEERING** --- \$200.00*
- *A PLAT SUBMITTED AS A SEPARATE REVIEW FROM THE FINAL ENGINEERING REQUIRES A \$200.00 FEE FOR EACH SUBMITTAL
- ☐ **FINAL PLAT** --- (IF NO FINAL ENGINEERING IS REQUIRED) \$1,750.00 + \$25.00 PER LOT
- ☐ **MINOR PLAT** --- \$1,000.00 + \$75.00 PER LOT (MAXIMUM 4 LOTS/RESIDENTIAL – MAXIMUM 2 LOTS/COMMERCIAL)

CONCURRENCY REVIEW MANAGEMENT SYSTEM: (Please check one.)

- ☐ I elect to defer the Concurrency Review determination for the above listed property until a point as late as Final Engineering Submittal. (Minor Plat and Final Engineering require Concurrency Test Review.) I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future.
- ☐ I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued and unexpired Certificate of Vesting or prior Concurrency determination as identified below: (Please attach a copy of the Certificate of Vesting or Prior Test/Concurrency Notice.)
Vesting Certificate/Test Notice Number: _____ Date issued: _____
- ☐ Concurrency Application and appropriate fee is attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the development order and full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management Monitoring System.

I understand that the application for subdivision plan review must include all required submittals as specified in Chapter 35, Part 4, of the Seminole County Land Development Code. Submission of incomplete plans may create delays in review and plan approval. The review fee provides for two plan reviews. Additional reviews will require an additional fee.

X Applicant's Signature: P. Brian Dalrymple, V.P. Land Date: 10.2.12

OFFICIAL USE	
PROJECT #:	PLANNER ASSIGNED:

RECEIVED OCT 24 2012

SEMINOLE COUNTY GROWTH MANAGEMENT DEPARTMENT



PLANNING & DEVELOPMENT DIVISION
1101 EAST FIRST STREET ROOM 2028
SANFORD, FL 32771
(407) 665-7441 PHONE
(407) 665-7385 FAX

APPL # E 2012-030
PROJ # 12-20500021
FLUA # _____

**APPLICATION TO THE SEMINOLE COUNTY
PLANNING & ZONING COMMISSION / LOCAL PLANNING AGENCY AND BOARD OF COMMISSIONERS**

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- ☐ APPLICATION FEE \$ _____

SIGNATURE OF STAFF PROJECT MANAGER CERTIFYING THAT THE APPLICATION IS SUFFICIENT

APPLICATION TYPE - PLEASE CHECK ALL THAT APPLY

- ☐ LARGE SCALE FUTURE LAND USE AMENDMENT (LSFLUA) FROM: _____ TO: _____
- ☐ SMALL SCALE FUTURE LAND USE AMENDMENT (SSFLUA) FROM: _____ TO: _____
- ☐ PLANNED DEVELOPMENT AMENDMENT TO EXISTING PD (LS/SSFLUA) FROM: _____ TO: _____

[NOTE: ATTACHMENT "A" AND ALL SUPPORT MATERIALS MUST BE SUBMITTED FOR LAND USE AMENDMENTS ABOVE]

- ☐ REZONING (WITHOUT SITE PLAN) FROM: _____ TO: _____
- ☒ REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, or R-4 FROM: A-1 TO: PUD
- ☐ PUD/PCD MAJOR AMENDMENT
- ☐ PUD/PCD MINOR AMENDMENT
- ☐ PUD FINAL MASTER PLAN
- ☐ DEVELOPMENT OF REGIONAL IMPACT NOPC
- ☐ MYRTLE STREET CONSERVATION VILLAGE

PROPERTY OWNER / AUTHORIZED AGENT INFORMATION		
	PROPERTY OWNER	AUTHORIZED AGENT *
NAME	Linda H. McEwan + Barbara H. Jones	Toll Bros., Inc. Andre Vidrine, Division Vice President
IF THE OWNER IS A CORPORATION OR TRUST, GIVE THE NAME AND TITLE OF THE PERSON WHO CAN LEGALLY SIGN ON BEHALF OF THE CORPORATION AND PROVIDE DOCUMENTATION THAT THEY HAVE LEGAL AUTHORITY :		
ADDRESS	c/o 1905 Biscayne Dr. Orlando, FL 32804	2966 Commerce Park Drive Ste. 100 Orlando, FL 32819
PHONE 1		904-217-3854
PHONE 2		
FAX		904-460-2683
E-MAIL		gleone@tollbrothersinc.com
If you have a consultant that is not listed on the application and you would like us to contact them directly and give them the DRC comments, provide their contact information on a separate sheet, otherwise any questions and/or comments will be directed to the property owner or authorized agent listed above.		

* Proof of property owner's authorization is required with submittal if signed by authorized agent.

NAME AND PHONE NUMBER OF PERSON WHO WILL POST PLACARD Chad Moorhead
407-629-8330

PROJECT INFORMATION	
PROJECT NAME	Lake Markham Property
SITE ADDRESS	Longwood Markham Road
BCC DISTRICT	5 - Carey (99)
EXISTING USE(S)	Vacant A-1 & / SE &
PROPOSED USE(S)	Single Family Residential 46 lots per plan &
PROPERTY ID NUMBER(S)	34-19-29-300-0020-0000 34-19-29-300-003C-0000
SIZE OF PROPERTY	0020, 6.15 ACRES 41.51/003C 6.15 ACRES 19.118 acres
GENERAL LOCATION	Northside of Markham Rd., east of Longwood Markham Road
SOURCE OF WATER	Seminole County ✓
SOURCE OF SEWER	Seminole County ✓
RECLAIM PROVIDER	Seminole County

\$ 61.40
per
survey
doc
&

Power FPL
AT & T

CONCURRENCY REVIEW MANAGEMENT SYSTEM (PLEASE CHECK ONE)

✓	I elect to defer the Concurrency Review that is required by Chapter 163, Florida Statutes, per Seminole County's Comprehensive Plan for the above listed property until a point as late as Site Plan and/or Final Engineering submittals for this proposed development plan. I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future. PCD Final Site Plan/PCD Final Site Plan Amendment may not defer.		
	I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued Certificate of Vesting or a prior Concurrency determination (Test Notice issued within the past (two years) as identified below: (Please attach a copy of the Certificate of Vesting or Test Notice.)		
<u>TYPE OF CERTIFICATE:</u> VESTING: TEST NOTICE:		<u>CERTIFICATE NUMBER:</u> CV- _____ _____	<u>DATE ISSUED:</u> _____ _____
Concurrency Application and appropriate fee are attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the development order and the full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management monitoring system.			

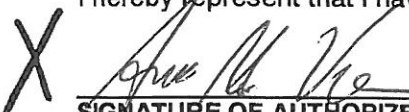
By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of this application and / or revocation of any approval based upon this application.

I hereby authorize County staff to enter upon the subject property at any reasonable time for the purposes of investigating and reviewing this request. I also hereby agree to place a public notice sign (placard) on the subject property at a location(s) to be determined by County staff.

I further acknowledge that Seminole County may not defend any challenge to my proposed future land use amendment / rezoning and related development approvals, and that it may be my sole obligation to defend any and all actions and approvals, which authorize the use or development of the subject property. Submission of this form initiates a process and does not imply approval by Seminole County or any of its boards, commissions or staff.

I further acknowledge that I have read the information contained in this application form pertaining to proposed amendments to the official zoning map, official Future Land Use map, and / or comprehensive plan and have had sufficient opportunity to inquire with regard to matters set forth therein and, accordingly, fully understand all applicable procedures and matters relating to this application.

I hereby represent that I have the lawful right and authority to file this application.


10/23/12
SIGNATURE OF AUTHORIZED APPLICANT* **DATE**
 * Proof of property owner's authorization is required with submittal if signed by someone other than the property owner.
Andre Vidrine, Division Vice President
PRINT OR TYPE NAME

**SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM
(ORIGINAL ONLY)**

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I Linda H. McEwan + Barbara H. Jones, the fee simple owner of the following
(Owner's Name)

described property (Provide Legal Description or Tax Parcel ID Number(s) 34-19-29-300-0020-0000
34-19-29-300-0030-0000

hereby affirm that Toll Bros., Inc. is hereby designated to act as my / our
authorized agent for the filing of the attached application for:

CIRCLE ONE: *Development Plan; Special Exception; Variance; Vacate; Special Event Permit; Temporary Use Permit;
Arbor Permit. Rezoning*

and make binding statements and commitments regarding the request.

X Linda H. McEwan
Owner's Signature

X Barbara H. Jones

I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments and fees become part of the Official Records of Seminole County, Florida and are not returnable.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared _____, who is personally known to me or who has produced _____ as identification and who executed the foregoing instrument and sworn an oath.

WITNESS my hand and official seal in the County and State last aforesaid this ____ day of _____, 20____.



Notary Public in and for the County and State
Aforementioned

My Commission Expires: _____

EXHIBIT "B"

(Authorization of Property Owner)

Linda H. McEwan and Barbara H. Jones, the owners of the property described in Exhibit "A" attached hereto (the "Property") do hereby consent to and approve of Toll Bros., Inc. ("Toll"), its successors, assigns and delegates, submitting an application for rezoning of the Property as well as the submittal of any other development approvals to Toll, including but not limited to site/development plan approval, stormwater management approval, and concurrency verification and approval, provided however, that no change in the Agricultural Classification of the Property for Seminole County Tax Purposes occurs until Toll is the Fee Simple owner of the Property. Additionally, this authorization shall also grant Toll the right to submit for approval any and all other development approvals to the governing Water Management District, the Florida Department of Transportation, the Florida Department of Environmental Protection or any other governmental agency having jurisdiction over the Property, provided however, that no change in the Agricultural Classification of the Property for Seminole County Tax Purposes occurs until Toll is the Fee Simple owner of the Property.

Linda H. McEwan
Name: Linda H. McEwan

Title: co-property owner

STATE OF ~~FLORIDA~~ NORTH CAROLINA
COUNTY OF WATAUGA) SS:
)

The foregoing instrument was acknowledged before me this 26th day of September, 2012 by Linda H. McEwan, who { } is personally known to me or { } has produced her Florida drivers license as identification.

TAMARA L BENTLEY
Notary Public, North Carolina
Watauga County
My Commission Expires
July 28, 2016

Tamara L Bentley
Signature of Person Taking Acknowledgment
Print Name: Tamara L Bentley
Title: Notary Public
Serial No. (if any): _____
Commission Expires: July 28, 2016

10/25/12

Plan drawings state 46 lots.

Called Nicole & told her that we need an additional \$10.00 she said she will send the check

\$2,450

APPLICATION FEE SCHEDULE		
Rezoning Application Fees		
REZONING FEES (Excluding PUD / PCD)		
Single-Family / Duplex / Agriculture	\$1,500.00 + \$50.00	Acre up to \$3,000.00
All Other Classifications (Excluding PD's)	\$2,000.00 + \$70.00	Acre up to \$3,800.00
REZONING FEES (PUD / PCD)		
Residential Rezoning & Preliminary Master Plan / Site Plan/Myrtle Street Conservation Village	\$2,000 + \$10.00 / DU up to \$5,300.00 (45 lots)	
Nonresidential Rezoning & Preliminary Master Plan / Site Plan	\$2,000 + \$25.00	Acre up to \$5,300.00
Final Master Plan Review		\$2,300.00
Final Master Plan Filing Extension		\$135.00
Major Revisions to PUD / PCD Master Plan		\$2,000.00
Minor Revisions to PUD / PCD Master Plan		\$600.00
Concurrent Rezoning & FLU Amendment or DRI	50% of the Regular Rezoning Fee	
MISCELLANEOUS FEES		
Non-Substantial Change of Site Plan / Use in RP District		\$450.00
Substantial Change of Site Plan / Use in RP District	Same as Rezoning Fee	
Myrtle Street Conservation Village	Same as PUD Rezoning Fee	
Future Land Use Amendment Fees		
Residential Large Scale Amendment (> 10 Acres)	\$200.00	Acre up to \$3,500.00
Residential Small Scale Amendment (< 10 Acres)		\$2,000.00
Non-Residential Large Scale Amendment (> 10 Acres)	\$350.00	Acre up to \$7,500.00
Non-Residential Small Scale Amendment (< 3 Acres)		\$2,000.00
Non-Residential Small Scale Amendment (3 – 10 Acres)		\$3,500.00
DRI Fees		
DRI with Plan Amendment		\$10,000.00
DRI without Plan Amendment		\$7,000.00
Application for Determination of Substantial Deviation to DRI		\$2,800.00

SEMINOLE COUNTY
APPLICATION & AFFIDAVIT

Ownership Disclosure Form

The owner of the real property associated with this application is a (check one)

- ☒ Individual ☐ Corporation ☐ Land Trust
☐ Limited Liability Company ☐ Partnership
☐ Other (describe): _____

1. List all **natural persons** who have an ownership interest in the property, which is the subject matter of this petition, by name and address.

NAME	ADDRESS	PHONE NUMBER
Linda H. McEwan +	c/o 1905 Biscayne Dr.	
Barbara H. Jones	Orlando, FL 32804	

(Use additional sheets for more space.)

2. For each **corporation**, list the name, address, and title of each officer; the name and address of each director of the corporation; and the name and address of each shareholder who owns two percent (2%) or more of the stock of the corporation. Shareholders need not be disclosed if a corporation's stock are traded publicly on any national stock exchange.

NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

3. In the case of a **trust**, list the name and address of each trustee and the name and address of the beneficiaries of the trust and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above.

Trust Name: _____

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

4. For **partnerships**, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

5. For each **limited liability company**, list the name, address, and title of each manager or managing member; and the name and address of each additional member with two percent (2%) or more membership interest. If any member with two percent (2%) or more membership interest, manager, or managing member is a corporation, trust or partnership, please provide the information required in paragraphs 2, 3 and/or 4 above.

Name of LLC: _____

NAME	TITLE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

6. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, partnership, or LLC, provide the information required for those entities in paragraphs 2, 3, 4 and/or 5 above.

Name of Purchaser: _____

NAME	ADDRESS	% OF INTEREST

Date of Contract: _____

Please specify any contingency clause related to the outcome of the consideration of the application.

6. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
7. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject rezone, future land use amendment, special exception, or variance involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosures herein.

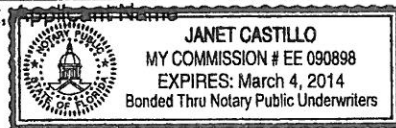
Date _____

STATE OF FLORIDA

COUNTY OF Orange

X Andre Vidrine
Owner, Agent, Applicant Signature
Andre Vidrine, Division Vice President
Toll Bros., Inc.

Sworn to (or affirmed) and subscribed before me by Andre Vidrine, on this 23 day
of October, 2012.
Owner, Agent, Applicant Name



* Janet Castillo
Signature of Notary Public

Print, Type or Stamp Name of Notary Public

Personally Known X OR Produced Identification _____

Type of Identification Produced _____


CERTIFICATE OF GENERAL PARTNER

I, Kenneth J. Greenspan, Assistant Vice President of Toll FL GP Corp., a Florida corporation (the "Corporation"), do hereby certify and confirm that:

1. The Corporation is the general partner (the "General Partner") of the limited partnerships listed on Exhibit A attached hereto (collectively, the "Partnerships"), and as General Partner is authorized to make decisions and act on behalf of the Partnerships.
2. The following officers are duly appointed to the offices next to their names and are individually authorized, empowered and directed, for and on behalf of the Corporation in its capacity as General Partner of the Partnerships, to execute and deliver any performance agreement, bond, escrow agreement, permit application, deed, record plat and any and all ancillary documents which may be required by various governmental municipalities and agencies, and any agreement, deed or document with respect to the sale or conveyance of individual homes, lots or units owned by the Partnerships, upon such terms and conditions as they deem appropriate and in the best interest of the Corporation and the Partnerships:

Edward D. Weber	Regional President
Kenneth S. Thirtyacre	Division President
James A. McDade	Division President
Gregory S. Netro	Division Vice President
Andre Vidrine	Division Vice President
Michael I. Snyder	Senior Vice President & Secretary
Donald R. Barnes	Vice President
James Manners	Vice President
Kathryn L. Yates	Vice President

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Corporation this 18th day of October, 2012.



Kenneth J. Greenspan
Assistant Vice President

EXHIBIT A

Limited Partnerships

Binks Estates Limited Partnership
TBI/Naples Limited Partnership
TBI/Palm Beach Limited Partnership
Toll East Naples Limited Partnership
Toll Estero Limited Partnership
Toll FL Limited Partnership
Toll FL II Limited Partnership
Toll FL III Limited Partnership
Toll FL IV Limited Partnership
Toll FL V Limited Partnership
Toll FL VI Limited Partnership
Toll FL VII Limited Partnership
Toll FL VIII Limited Partnership
Toll FL X Limited Partnership
Toll FL XI Limited Partnership
Toll Ft. Myers Limited Partnership
Toll Jacksonville Limited Partnership
Toll Livingston at Naples Limited Partnership
Toll Orlando Limited Partnership

Rec'd 10/24/12
Waiting for plans and print.

SEMINOLE COUNTY GROWTH MANAGEMENT DEPARTMENT



PLANNING & DEVELOPMENT DIVISION
1101 EAST FIRST STREET ROOM 2028
SANFORD, FL 32771
(407) 665-7441 PHONE
(407) 665-7385 FAX

APPL # 72012-032
PROJ # 12-20500022
FLUA # _____

**APPLICATION TO THE SEMINOLE COUNTY
PLANNING & ZONING COMMISSION / LOCAL PLANNING AGENCY AND BOARD OF COMMISSIONERS**

Applications to the Seminole County Planning & Zoning Commission / Local Planning Agency and Board of County Commissioners shall include all applicable items listed in the Application Submittal Checklist. No application will be scheduled for Development Review Committee (DRC) consideration until a complete application (including all information requested below) has been received by the Growth Management Department, Planning & Development Division.

APPLICATION SUBMITTAL CHECKLIST:

****THIS BOX FOR STAFF USE ONLY****

- ☐ COPY OF PRE-APPLICATION REVIEW INFORMATION, IF APPLICABLE
- ☐ PROPERTY OWNER PRINTOUT FROM PROPERTY APPRAISER'S WEBSITE
- ☐ PROPERTY OWNER'S AUTHORIZATION FORM (ADDITIONAL DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)
- ☐ OWNERSHIP DISCLOSURE FORM
- ☐ SCHOOL IMPACT ANALYSIS (CONTACT SCHOOL BOARD FOR APPLICATION)
- ☐ CONCURRENCY APPLICATION/DEFERRAL AFFIDAVIT AND FEE IF REQUIRED \$ _____
- ☐ BOUNDARY SURVEY (2 COPIES)
- ☐ ELECTRONIC LEGAL DESCRIPTION IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)
- ☐ PUD/PCD FINAL MASTER/SITE PLAN REQUIRES A DRAFT DCA IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)
- ☐ REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, R-4 AND MYRTLE STREET CONSERVATION VILLAGE REQUIRES 16 FULL-SIZE SETS OF SITE PLANS OR MASTER PLANS AND AN 11" X 17" PDF FILE (COMPACT DISK OR EMAIL ONLY)
- ☐ APPLICATION FEE \$ _____

SIGNATURE OF STAFF PROJECT MANAGER CERTIFYING THAT THE APPLICATION IS SUFFICIENT

APPLICATION TYPE - PLEASE CHECK ALL THAT APPLY

- ☐ LARGE SCALE FUTURE LAND USE AMENDMENT (LSFLUA) FROM: _____ TO: _____
- ☐ SMALL SCALE FUTURE LAND USE AMENDMENT (SSFLUA) FROM: _____ TO: _____
- ☐ PLANNED DEVELOPMENT AMENDMENT TO EXISTING PD (LS/SSFLUA) FROM: _____ TO: _____

[NOTE: ATTACHMENT "A" AND ALL SUPPORT MATERIALS MUST BE SUBMITTED FOR LAND USE AMENDMENTS ABOVE]

- ☐ REZONING (WITHOUT SITE PLAN) FROM: _____ TO: _____
- ☐ REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, or R-4 FROM: _____ TO: _____
- ☒ PUD/PCD MAJOR AMENDMENT
- ☐ PUD/PCD MINOR AMENDMENT
- ☐ PUD FINAL MASTER PLAN
- ☐ DEVELOPMENT OF REGIONAL IMPACT NOPC
- ☐ MYRTLE STREET CONSERVATION VILLAGE

PROPERTY OWNER / AUTHORIZED AGENT INFORMATION

	PROPERTY OWNER	AUTHORIZED AGENT*
NAME	Lois Mae Paulucci Trust	Taylor Morrison of Florida, Inc.
IF THE OWNER IS A CORPORATION OR TRUST, GIVE THE NAME AND TITLE OF THE PERSON WHO CAN LEGALLY SIGN ON BEHALF OF THE CORPORATION AND PROVIDE DOCUMENTATION THAT THEY HAVE LEGAL AUTHORITY:		
ADDRESS	201 W. First Street Sanford, FL 32771	151 Southhall Lane Suite 200 Maitland, FL 32751
PHONE 1	407-321-7004	407-629-0077
PHONE 2		
FAX	407-328-9581	407-670-1448
E-MAIL	Tds57@the-future.com	mliquori@taylor-morrison.com
If you have a consultant that is not listed on the application and you would like us to contact them directly and give them the DRC comments, provide their contact information on a separate sheet, otherwise any questions and/or comments will be directed to the property owner or authorized agent listed above.		

* Proof of property owner's authorization is required with submittal if signed by authorized agent.

NAME AND PHONE NUMBER OF PERSON WHO WILL POST PLACARD

Chad Moorhead
407-629-8330

PROJECT INFORMATION

PROJECT NAME	L & L Acres
SITE ADDRESS	5645 West Lake Mary Boulevard
BCC DISTRICT	5-Carey
EXISTING USE(S)	PUD / PD Grazing and pasture lands
PROPOSED USE(S)	Single family residential
PROPERTY ID NUMBER(S)	13-20-29-300-0020-0000, 13-20-29-300-002A-0000, 11-20-29-300-007A-0000
SIZE OF PROPERTY	116.74 acres
GENERAL LOCATION	South side of Lake Mary Blvd. between Markham Woods Rd. and I-4
SOURCE OF WATER	Seminole County
SOURCE OF SEWER	Seminole County
RECLAIM PROVIDER	

Power - Progress
phone - AT & T

CONCURRENCY REVIEW/MANAGEMENT SYSTEM (PLEASE CHECK ONE)

<input checked="checked" type="checkbox"/>	I elect to defer the Concurrency Review that is required by Chapter 163, Florida Statutes, per Seminole County's Comprehensive Plan for the above listed property until a point as late as Site Plan and/or Final Engineering submittals for this proposed development plan. I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future. POD Final Site Plan/POD Final Site Plan Amendment may not defer.		
<input type="checkbox"/>	I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued Certificate of Vesting or a prior Concurrency determination (Test Notice issued within the past (two years) as identified below. (Please attach a copy of the Certificate of Vesting or Test Notice.)		
<u>TYPE OF CERTIFICATE:</u> VESTING: TEST NOTICE:		<u>CERTIFICATE NUMBER:</u> CV- _____ _____	<u>DATE ISSUED:</u> _____ _____
<input type="checkbox"/>	Concurrency Application and appropriate fee are attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the development order and the full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management monitoring system.		


By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of this application and / or revocation of any approval based upon this application.

I hereby authorize County staff to enter upon the subject property at any reasonable time for the purposes of investigating and reviewing this request. I also hereby agree to place a public notice sign (placard) on the subject property at a location(s) to be determined by County staff.

I further acknowledge that Seminole County may not defend any challenge to my proposed future land use amendment / rezoning and related development approvals, and that it may be my sole obligation to defend any and all actions and approvals, which authorize the use or development of the subject property. Submission of this form initiates a process and does not imply approval by Seminole County or any of its boards, commissions or staff.

I further acknowledge that I have read the information contained in this application form pertaining to proposed amendments to the official zoning map, official Future Land Use map, and / or comprehensive plan and have had sufficient opportunity to inquire with regard to matters set forth therein and, accordingly, fully understand all applicable procedures and matters relating to this application.

I hereby represent that I have the lawful right and authority to file this application.

	10/24/12
SIGNATURE OF AUTHORIZED APPLICANT*	DATE
* Proof of property owner's authorization is required with submittal if signed by someone other than the property owner.	
Sang Lee, Vice President, Taylor Morrison of Florida, Inc.	
PRINT OR TYPE NAME	

APPLICATION FEE SCHEDULE

<i>Rezoning Application Fees</i>	
REZONING FEES (Excluding PUD / PCD)	
Single-Family / Duplex / Agriculture	\$1,500.00 + \$50.00 / Acre up to \$3,000.00
All Other Classifications (Excluding PD's)	\$2,000.00 + \$70.00 / Acre up to \$3,800.00
REZONING FEES (PUD / PCD)	
Residential Rezoning & Preliminary Master Plan / Site Plan/Myrtle Street Conservation Village	\$2,000 + \$10.00 / DU up to \$5,300.00
Nonresidential Rezoning & Preliminary Master Plan / Site Plan	\$2,000 + \$25.00 / Acre up to \$5,300.00
Final Master Plan Review	\$2,300.00
Final Master Plan Filing Extension	\$135.00
Major Revisions to PUD / PCD Master Plan	\$2,000.00
Minor Revisions to PUD / PCD Master Plan	\$600.00
Concurrent Rezoning & FLU Amendment or DRI	50% of the Regular Rezoning Fee
MISCELLANEOUS FEES	
Non-Substantial Change of Site Plan / Use in RP District	\$450.00
Substantial Change of Site Plan / Use in RP District	Same as Rezoning Fee
Myrtle Street Conservation Village	Same as PUD Rezoning Fee
<i>Future Land Use Amendment Fees</i>	
Residential Large Scale Amendment (> 10 Acres)	\$200.00 / Acre up to \$3,500.00
Residential Small Scale Amendment (< 10 Acres)	\$2,000.00
Non-Residential Large Scale Amendment (> 10 Acres)	\$350.00 / Acre up to \$7,500.00
Non-Residential Small Scale Amendment (< 3 Acres)	\$2,000.00
Non-Residential Small Scale Amendment (3 - 10 Acres)	\$3,500.00
<i>DRI Fees</i>	
DRI with Plan Amendment	\$10,000.00
DRI without Plan Amendment	\$7,000.00
Application for Determination of Substantial Deviation to DRI	\$2,800.00

SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM
(ORIGINAL ONLY)

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I Larry W. Nelson and David H. Simmons,
as Co-Trustees of the Lois Mae Paulucci Trust, the fee simple owner of the following
(Owner's Name)

described property (Provide Legal Description or Tax Parcel ID Number(s)) 13-20-29-300-0020-0000,
13-20-29-300-002A-0000, 11-20-29-300-007A-0000

hereby affirm that Taylor Morrison of Florida, Inc. is hereby designated to act as my / our
authorized agent for the filing of the attached application for:

CIRCLE ONE: Development Plan; Special Exception; Variance; Vacate; Special Event Permit; Temporary Use Permit;
Arbor Permit. PUD Major Amendment

and make binding statements and commitments regarding the request.


Larry W. Nelson as Co-Trustee of the Lois Mae Paulucci Trust, and not individually
Owner's Signature Larry W. Nelson, as Co-Trustee of the Lois Mae Paulucci Trust, and not individually
David H. Simmons as Co-Trustee of the Lois Mae Paulucci Trust, and not individually
Owner's Signature David H. Simmons as Co-Trustee of the Lois Mae Paulucci Trust, and not individually

I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments and fees become part of the Official Records of Seminole County, Florida and are not returnable.

STATE OF FLORIDA
COUNTY OF SEMINOLE

SWORN TO AND SUBSCRIBED before me this 24th day of OCT., 2012.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Larry W. Nelson *, who is personally known to me or who has produced _____ as identification and who executed the foregoing instrument and sworn an oath.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of October, 2012.
 Donna D. Southwick
Notary Public in and for the County and State
Aforementioned

My Commission Expires: 9-23-2016

* as Co-Trustee of the Lois Mae Paulucci Trust
dated May 1, 1997, as amended

Notary Attachment to Seminole County Applicant Authorization Form:

SWORN TO AND SUBSCRIBED before me this 24th day of October, 2012.

STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared David H. Simmons, as Co-Trustee of the Lois Mae Paulucci Trust dated May 1, 1997, as amended, who is personally known to me or who has produced _____ as identification and who executed the foregoing instrument and sworn an oath.

WITNESS my hand and official seal in Orange County, Florida this 24th day of October, 2012.



Notary Public in and for Orange County, Florida

My Commission Expires: June 2, 2014



BETHANY GIBSON
MY COMMISSION # DD 997103
EXPIRES: June 2, 2014
Bonded Thru Budget Notary Services

SEMINOLE COUNTY
APPLICATION & AFFIDAVIT

Ownership Disclosure Form

The owner of the real property associated with this application is a (check one)

- ☐ Individual ☐ Corporation Land Trust
☐ Limited Liability Company ☐ Partnership

☒ Other (describe): Revocable Trust which became Irrevocable
upon the death of Mrs. Lois Paulucci

1. List all natural persons who have an ownership interest in the property, which is the subject matter of this petition, by name and address.

NAME	ADDRESS	PHONE NUMBER

(Use additional sheets for more space.)

2. For each corporation, list the name, address, and title of each officer; the name and address of each director of the corporation; and the name and address of each shareholder who owns two percent (2%) or more of the stock of the corporation. Shareholders need not be disclosed if a corporation's stock are traded publicly on any national stock exchange.

NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

3. In the case of a trust, list the name and address of each trustee and the name and address of the beneficiaries of the trust and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above.

Trust Name: Lois Mae Paulucci Trust

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST
<u>See Attached</u>		<u>201 W. 1st Street</u>	<u>See Attached</u>
		<u>Sanford, FL 32771</u>	

(Use additional sheets for more space.)

4. For partnerships, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

5. For each limited liability company, list the name, address, and title of each manager or managing member; and the name and address of each additional member with two percent (2%) or more membership interest. If any member with two percent (2%) or more membership interest, manager, or managing member is a corporation, trust or partnership, please provide the information required in paragraphs 2, 3 and/or 4 above.

Name of LLC: _____

NAME	TITLE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

6. In the circumstances of a contract for purchase, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, partnership, or LLC, provide the information required for those entities in paragraphs 2, 3, 4 and/or 5 above.

Name of Purchaser: _____

NAME	ADDRESS	% OF INTEREST

Date of Contract: _____

Please specify any contingency clause related to the outcome of the consideration of the application.

6. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
7. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject rezoning, future land use amendment, special exception, or variance involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosures herein.

10/24/12
Date

STATE OF FLORIDA
COUNTY OF Orange

X [Signature]
Owner, Agent, Applicant Signature
Sang Lee
for Taylor Morrison of Florida, Inc.

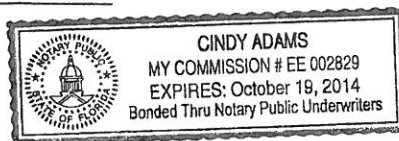
Sworn to (or affirmed) and subscribed before me by Sang Lee - VP, on this 24 day
of October, 20 12.
Owner, Agent, Applicant Name

[Signature]
Signature of Notary Public

Cindy Adams
Print, Type or Stamp Name of Notary Public

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____



Attachment to Seminole County's
Ownership Disclosure Form (Question #3)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
David H. Simmons	Co-Trustee	332 North Magnolia Avenue Orlando, Florida 32801
Larry W. Nelson	Co-Trustee	201 West First Street Sanford, Florida 32771

The terms of the Tenth Complete Amendment to Trust Agreement of Lois Mae Paulucci require that the Property that is the subject of this application is to be distributed in accordance with the Trust's residuary provisions to following entities in the following specified percentages:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Residuary Percentage</u>
The Paulucci Family Trust	Beneficiary	201 West First Street Sanford, Florida 32771	52.725%
Trust for the primary benefit of Michael J. Paulucci during his lifetime	Beneficiary	201 West First Street Sanford, Florida 32771	18.05%
Trust for the primary benefit of Cynthia J. Selton during her lifetime	Beneficiary	201 West First Street Sanford, Florida 32771	18.05%
Trust for the primary benefit of Gina J. Paulucci during her lifetime	Beneficiary	201 West First Street Sanford, Florida 32771	5.70%
The Jeno and Lois Paulucci Family Foundation II, Inc.	Beneficiary	201 West First Street Sanford, Florida 32771	5.0%
Trust for the primary benefit of Thomas Scott Mellin during his lifetime	Beneficiary	201 West First Street Sanford, Florida 32771	0.475%